

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		3				
23		2				
24		2				
25		2				
26		1				
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33	1					
34	1					
35	1					
36		3				
37		3				
38		3				
39		3				
40		1				
41		1				
42		1				
43	1					
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	2					
54	2					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	2					
62	2					
63	1					
64	1					
65	1					
66	1					
67	1					
68	1					
69	1					
70	1					
71	2					
72	2					
73	2					
74	2					
75	1					
76	1					
77	1					
78	1					
79	1					
80	1					
81	1					
82	1					
83	1					
84	1					
85	3					
86	3					
87	3					
88	3					
89	1					
90	1					
91	1					
92	1	1				
93	1	1				
94	1	1				
95	1	1				
96	1					
97						
98	1					
99						
100	22					
TOTAL IND.	22					
TOTAL DEP.	107	107				
TOTAL CLAIMS	129					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS